



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF COSMETOLOGY AND BARBERING

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INFORMATION ABOUT SHOP/SALON WHERE APPRENTICESHIP TO BE SERVED

This form is to be completed and signed by the shop owner.

The shop or salon must have on staff at least one person licensed in the profession in which this apprentice's instruction is being provided. A shop owner *cannot* work as an apprentice in his or her own shop.

WHEN COMPLETE, UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.

APPRENTICESHIP INFORMATION

1. Full Name: _____
First Middle Family (Last)
2. Name of Shop Where Apprentice will Serve: _____
3. Owner Name(s): _____
4. Shop's *Professional* License Number: **M9-** _____
5. *Location* Address: _____
Street

City State Zip

Shop Owner's Signature: _____ **Date:** _____